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CONFIRMATION NO. 2699

|  |   |                                  |   |  |
|--|---|----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/534,067   | <b>FILING OR 371(c) DATE</b><br>01/17/2006<br><b>RULE</b>   | <b>CLASS</b><br>370              | <b>GROUP ART UNIT</b><br>2661   | <b>ATTORNEY DOCKET NO.</b><br>C3110.0001 |
| <b>APPLICANTS</b><br>Manxia Tie, Xi'an City, CHINA;<br>Houjian Tang, Xi'an City, CHINA;<br>Bianling Zhang, Xi'an City, CHINA;<br>Ning Zhang, Xi'an City, CHINA;<br>Xumao Ye, Xi'an City, CHINA;                        |   |                                  |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/CN03/00632 08/05/2003  |   |                                  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>CHINA 02139508.X 11/06/2002  |   |                                  |   |  |
| <b>** SMALL ENTITY **</b>  |   |                                  |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>CHINA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>21                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT CLAIMS</b><br>1   |   |  |
| <b>ADDRESS</b><br>32172  |   |                                  |   |  |
| <b>TITLE</b><br>Method for the access of the mobile terminal to the wlan and for the data communication via the wireless link securely   |   |                                  |   |  |
| <b>FILING FEE RECEIVED</b><br>540  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |